4	re/off. Éholder N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
e C/OH Instructio s form.		COUNT# ics Commission filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER	TITLE FIRST	Mi	OFFICE USE ONLY
NAME	Delores NICKNAME LAST	SUFFIX	Date Received
	Hargrave		
CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE	-
ADDRESS	700 Scroggins Lane, Waller, Tex	as 77484	Date Hand-delivered or Date Postmarked
Change of Address			10-28-02
CAMPAIGN TREASURER	TITLE FIRST	MI	10-00 lef
NAME	Delores		Receipt # Amount
		SUFFIX	Date Processed
	Hargrave		Dale Imageo
CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #	city: state: as 77484	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 372-3155	EXTENSION .	
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
- I	July 15 X 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year THROUGH	Month Day 10 / 27	Year 2002
ELECTION	ELECTION DATE Month Day Year 11 05 2002	Runoff X	General Special
OFFICE	OFFICE HELD (# any)	12 OFFICE SOUGHT (if know	/n)
	Justice of the Peace	Justice of	the Peace
DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expenditures ma Candidates are required to disclose this information only if they 		
BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	: 	
additional pages			

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(512)463-5800

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1-800-325-8506

CANDIDATE / OF LICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 1

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT #(Ethics Commission filers)
	Delores Har	rgrave	· .
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	tes political expenditures by political committees to support the candidate / nout the candidate's or officeholder's knowledge or consent. Candidates and by receive notice of such expenditures.	officeholder. These expenditures may officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if n	io reportable activity occurred during this reporting period. (Sign affidavit below	and submit pages 1 and 2 only.)
18 CONTRIBUTION	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	· · · · · · · · · · · · · · · · · · ·
TOTALS	PLEDGE	S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
1		POLITICAL CONTRIBUTIONS	
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$1200.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	· .		Ψ
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2772.35
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
		l swear, or affirm, under penalty of perj	up, that the accompanying report
		is true and correct and includes all info	
		me under Title 15, Election Code.	. · · · ·
			t
x I)trans
:		Signature of Candida	e or Officeholder
s			
AFFIX NOTARY STAMP	/ SEAL ABOVE		
/ Sworn to and subscrib	ed before me, by t	he said <u>Delores Hargrave</u> ,	this the <u>28th</u> day
<u>October</u> , 20	to cert	ify which, witness my hand and seal of office	
	-		SHARON RIEMER
sharo-	Blem		NOTARY PUBLIC STATE OF TEXAS
Signature of officer adm	ninistering oath	Printed name of officer administering oath	t officer administering 52005
Printed on recycled paper			Revised 11/18/1999

Delores Hargrave Date 5 Full name of contributor out-of-state PAC 7 Amount of contribution (5) store: Zip Code 8 In-kind contribution (6) description (if applied contribution (5) store: Zip Code 9 In-kind contribution (6) store: Store: Zip Code Principal occupation (Optional) 10 Employer (Optional) 10 Employer (Optional) In-kind contribution (6) store: Store: Zip Code Date Full name of contributor 10 Employer (Optional) In-kind contribution (6) store: Store: Zip Code Principal occupation (Optional) Employer (Optional) In-kind contribution (6) store: Store: Zip Code Principal occupation (Optional) Employer (Optional) In-kind contribution (6) store: Store: Zip Code Principal occupation (Optional) Employer (Optional) In-kind contribution (6) store: Store: Zip Code Date Full name of contributor Generative address: City, State: Zip Code Amount of contribution (6) store: Store: State: Zip Code In-kind contributor Employer (Optional) Employer (Optional) In-kind contribution (6) store: Store: Store: Store: Store: Zip Code Date Full name of contributor Generative: Zip Code Amount of contribution (5) store: Zip Code In-kind contribution (5) store: Zip Code In-26-02 Wei Come W. Wilison Contributor Generative: Zip Code <t< th=""><th></th><th>CAL CONTR JTIONS THAN PLEDGES OR LOANS</th><th>(°</th><th>SCHEDULE A1</th></t<>		CAL CONTR JTIONS THAN PLEDGES OR LOANS	(°	SCHEDULE A1
Delores Hargrave Date 5 Full name of contributor out-of same PAC 7. Amount of contribution (s) \$100.00 6 In Asiad contribution (applice) 6 Contributor address: City, State: Zip Code 7. Amount of contribution (s) \$100.00 8 In Asiad contributor (applice) Date Full name of contributor 10 Employer (Optional) 10 Employer (Optional) Date Full name of contributor Jr. Contributor address. City, State: Zip Code Principal occupation (Optional) Employer (Optional) In-Aind contributor contribution (s) In-Aind contributor description (if applic \$300.00 Date Full name of contributor State: Zip Code Amount of contribution (s) In-Aind contributor description (if applic \$200.00 Date Full name of contributor Date: Zip Code Amount of contribution (s) In-Aind contributor description (if applic contribution (s) 10-26-02 Welcome W, Wilson Contributor Code State Zip Code Amount of contribution (s) In-Aind contributor description (if applic contributor 10-26-02 May One (Craig § Lisa Wilson) Contributor address: City, State: Zip Code Amount of contribution (s) In-Aind contributor contribution (s) 10-26-02 Full name of contribu	The Instructio	ο Guide explains how to complete this form.	1 Total pages this	Schedule A1:
10-21-02 Pamela Fendley Contributor address: Cay: State: Zip Code Contributor (f) applie 6 Contributor address: Cay: State: Zip Code 29442 Hegar Road, Hockley, Texas 77447 State: State: Zip Code Principal occupation (Optional) 10 Employer (Optional) In-kind contributor (S) description (ff applie Date Full name of contributor Generation (S) description (ff applie Amount of contributor (S) description (ff applie Date Full name of contributor Generation (Cptional) Employer (Optional) In-kind contribution (S) description (ff applie Date Full name of contributor Generation (Cptional) Employer (Optional) In-kind contributor (F) description (ff applie Date Full name of contributor Generation (Cptional) Employer (Optional) In-kind contribution (S) description (ff applie Date Full name of contributor Generation (Cptional) Employer (Optional) In-kind contribution (S) description (ff applie Date Full name of contributor Generation (S) description (ff applie Amount of contributor (S) description (ff applie 10-26-02 May One (Craig & Lisa Wilson) Contributor address: City: State: Zip Code Amount of contributor (S) description (ff applie 10-26-02 May One (Craig & Lisa Wilson) Contributor add	FILER NAME	그는 것 같은 것 같	3 ACCOUNT # (EI)	nics Commission filers)
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POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1	Total pages Schedule F:
FILER NAME	3	ACCOUNT # (Ethics Commission filers)
Delores Hargrave		
Date 5 Payee name 10-11-02 Johnson Graphics 6 Payee address: City; State; Zip Code	••••••••••••••••••••••••••••••••••••••	7 Amount (\$) 175.00
P. O. Box 509, Waller, 7	TExas 77484	
Purpose of expenditure (See instructions regarding type of information required.) Advertising	9 ··· Complete if direct expendi Candidate / Officeholder nan	ture to benefit C/OH •• ne Office sought / held
Date Payee name		Amount (\$)
10-11-02 Johnson Graphics Payee address; City; State: Zip Code		\$177.91
P. O. Box 509, Waller,	Texas 77484	
Purpose of expenditure (See instructions regarding type of information required.)	Complete if direct expendi Cancidate / Officeholder nam	
Advertising		
Date . Payee name		Amount
10-09-02 Tomball Magnolia Tribune Payee address: City; State: Zip Code		(\$) \$186.30
517 West Main, Tomball, '	Texas 77375	
Purpose of expenditure (See instructions regarding type of information required.)	Complete if direct expendit Candidate / Officeholder nam	
Date Payee name		
	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
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14015 Park Drive, Suite #20		
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14015 Park Drive, Suite #20 Purpose of expenditure (See instructions regarding type of		

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POLITI	CAL EXPEN TURES		SCHE	DULE F
The Instructi	אס Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAM	Ε.		3 ACCOUNT # (Ethics Commissi	on filers)
De	lores Hargrave			
4 Date 10-16-02	 5 Payee name Design a Sign 6 Payee address; City; State; Zip Code 		. (10unt \$) 3.60
	P. O. Box 1185, Waller, T			
8 Purpose of exp information re	penditure (See instructions regarding type of quired.)	9 ··· Complete if direct exp Candidate / Officenoider		ought / heid
Adve	ctising		· · · · ·	
Date	Payee name			ount
10-19-02	Holleman Elemetary PTO Payee address: City: State: Zip Code		200.0	s) D
	Brazeal Street, Waller, Texas	77484		
information red		Complete if airect exp Cancidate / Officenolder	nditure to benefit C/OH name Office s	ought / held
Adverti				· · · · · · · · · · · · · · · · · · ·
Date	Payee name			ount 5)
10-21-02	U. S. Post Office Payee address: City; State; Zip Code		\$7!	50.00
	Waller, Texas 77484			
information red		Complete if direct expension Candidate / Officeholder	nditure to benefit C/OH … name Office so	bught / held
Post-Ca	rds-advertising			
Date	Payee name			ount S)
10-14-02	Cornerstone Specialities/Shir Payee address: City: State: Zip Code	ts-Caps-More	\$502.0	
	P. O. Box 1450, Waller, Texa	s 77484		
Purpose of exp information rec	enditure (See instructions regarding type of uired.)	Complete if direct expe Canaidate / Officeholder	nditure to benefit C/OH name Office so	bught / held
Adve	rtising			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EDED	
Printed on recycled	papar		<u></u>	Revised 11/12/99

	CAL EXPEN_TURES	SCHEI	DULE F
Тре Інстростю	Guide explains how to complete this form.	1 Total pages Schedule F:	
FILER NAM	E	3 ACCOUNT # (Ethics Commissio	n (ilers)
	Delores Hargrave		
Date	5 Payee name		ount 5)
9-11-02	Secretary of State	\$118	•
÷	6 Payee address; City; State; Zip Code		
	P. O. Box 12887, Austin, T	exas78711	
Purpose of exp information rec	L penditure (See instructions regarding type of quired.)	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office so	bught / heid
Advertis	ing		
Date	Payee name	Am (S	ount
10-1-02	Houston Community Newspaper	\$6	0.00
	Payee address; City; State: Zip Code		
	705 12th Street, Hempstead	, 1exas //445	
Pumoso of eve	panditure (See instructions second instance)		,
Purpose of exp information rec	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH ··· Candidate / Officeholder name Office so	bught / held
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